

## APPENDIX 1: SAMPLE POLICY STATEMENTS

### **Sample Policy Statement for Orienteering Clubs**

This sports club/organisation is fully committed to safeguarding the well being of its members. Every individual in the club/organisation should, at all times, show respect and understanding for their rights, safety and welfare, and conduct themselves in a way that reflects the principles of the club/organisation and the guidelines contained in the Code of Ethics and Good Practice for Children's Sport.

The sample policy statement above should be written into the Constitution of the club/organisation. A more detailed policy statement may be drawn up for a particular club/organisation.

The following sample child protection policies should be an appendix to the Constitution.

### **Sample Child Protection Policy for a Club**

"To ensure that the best practice is followed by this club we shall work closely with the IOA. In order to promote the best practice in children's sport, we shall comply with the guidelines of the Code of Ethics and Good Practice for Children's Sport; as set out in "People – Orienteering Clubs" which are:" (each club should insert the sixteen bullet points which are set out "People – Orienteering Clubs" of the Code of Ethics and Good Practice for Children's Sport).

## APPENDIX 2: APPLICATION FORM FOR POTENTIAL ORIENTEERING LEADERS

### VOLUNTEER / COACH APPLICATION FORM FOR THOSE WITH SUBSTANTIAL ACCESS TO CHILDREN All information received in this form will be treated confidentially

Name:  Maiden Name (if applicable):

Current Address:

Previous Address over the last 5 years:

How long have you lived at this address?

Place of birth(Town/City)

Telephone No:  Mobile  DOB:

PPS Number

Previous work/voluntary experience & relevant qualifications

Do you agree to abide by Code of Conduct (copy included with this form)? Yes  No

Have you ever been asked to leave a sporting organisation in the past? Yes  No   
*(if you have answered yes we will contact you in confidence)*

Any other relevant information?

Please supply the names of two responsible people whom we can contact and who from personal knowledge are willing to endorse your application. If you have had a previous involvement in a sports club one of these names should be that of an administrator / leader in your last club / place of involvement.

Name:  Name:

Address:  Address:

Tel:  Tel:

Position:  Position:

#### FOR OFFICIAL USE ONLY:

Date application received:  Date of Interview:

Interviewed by: 1.

2.

References received and are satisfactory: Yes  No

Comments:

Statutory check completed & returned (if appropriate): Yes  No  N/A

Proof of applicants identification received: Yes  No

Recommendation:  Approved Reasons  Not Approved Reasons:

Signed:  Dated:

## APPENDIX 3: CONFIDENTIAL REFERENCE FORM

### Confidential Reference Form

*(this form can be used as a telephone reference or used as a written reference)*

The following person: Name:  expressed an interest in working with:  (name club / organisation) as  (list position)

*If you are happy to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation and guidance. Information will only be shared with the person conducting the assessment of the candidate's suitability for the post, if he/she is offered the position. We appreciate you being extremely candid, open and honest in your evaluation.*

1. How long have you known this person?

2. In what capacity?

3. What attributes does this person have that would make them suited to this work?

4. Please rate this person on the following—please tick one box for each statement:

	Poor	Average	Good	V Good	Excellent
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can motivate others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trustworthiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This post involves substantial access to young people. As an organisation committed to the welfare and protection of young people, we are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children and young people

YES  NO

*If you have answered YES we will contact you in confidence*

Signed:  Date:

Position in organisation:

Name of club / organisation:

# APPENDIX 4: DISCLOSURE OF CRIMINAL CONVICTIONS FORM

## DISCLOSURE OF CRIMINAL CONVICTIONS & PERMISSION FOR STATUTORY CHECKS FOR THOSE WORKING WITH CHILDREN

*(Please read this information carefully)*

### Statement of non-discrimination:

is committed to equal opportunity for all applicants including those with criminal convictions. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered relevant to the post. Any disclosure will be seen in the context of the job criteria, the nature of the offence and the responsibility for the care of existing clients\customers and employees.

### For the purposes of your application for the post of:

\_\_\_\_\_ it is our policy to ask for a check to be carried out by the statutory organisation responsible for this task in the jurisdiction in which you are working/volunteering

### Advice to Applicants:

Please complete this form as accurately as possible and return it marked **"Confidential"** in the envelope provided. An arrangement will be made with you to discuss any clarification if required.

Thank you for your co-operation.

You **must** tell us now if you have a case pending or if you have ever been convicted of a criminal offence, or cautioned the police, or bound over. You **must** include all offences, even minor matters such as motoring offences, and 'spent' conviction, that is, things which happened a long time ago. If you leave anything out it may effect your application. The disclosure of a criminal record or other information will not debar you from registration / appointment unless (Name of Sports Governing Body) considers that the conviction renders you unsuitable. In making this decision (Name of Sports Governing Body) will consider the nature of the offence, how long ago it was committed and what age you were at the time and other factors which may be relevant.

**Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order; or are you at present the subject of criminal investigations?**

Yes  No

If so, please state below the nature and date(s) of the offence(s)

Please provide any other information you feel may be of relevance such as:

- \* the circumstances of the offence
- \* a comment on the sentence received
- \* any relevant developments in your situation since then
- \* whether or not you feel the conviction has relevance to this post.

I declare that all answers are complete and correct to the best of my knowledge and I will inform the designated person of any future convictions or charges. I consent to the check being made via the statutory authorities in which I intend to work/volunteer. I am also aware that Name of Sport as the umbrella organisation carrying out the check, may, following discussion with myself, share the information returned with my club chairperson.

Signature:

Print Name:

Date:

Please return completed forms to:

## APPENDIX 5: STANDARD REPORTING FORM

### Recording Allegations or Suspicions of Abuse

This form is based on 'standard reporting form' used by the Health Services Executive in ROI. The form can be filled out in consultation with the statutory authorities. Complete as many questions as possible.

#### 1 Details of Child

Name of Child:  Male / Female:

Address:

Age:  School:

1a Name of the Mother:

Address if different to above:

Telephone Number:

Name of the Father:

Address if different to above:

Telephone Number:

1b Care and Custody arrangements regarding child, if known:

1c Household Composition

Name:  Relationship:

Date of Birth:  Add. Information:

Sample 'standard reporting form' continued.....

- 2 Details of concern(s), allegation(s) or incident(s), dates, times, who was present, description or any observed injuries, parent's view(s), child's view(s) if known:

- 3 Details of person(s) allegedly causing concern in relation to the child:

Name:

Age:  Male/Female:

Address:

Relationship to child:  Occupation:

- 4 Name and Address of other personnel or agencies involved with this child:

Social workers: <input style="width: 270px; height: 80px;" type="text"/>	School: <input style="width: 270px; height: 80px;" type="text"/>
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Public Health Nurses: <input style="width: 270px; height: 80px;" type="text"/>	Gardai: <input style="width: 270px; height: 80px;" type="text"/>
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G.P.: <input style="width: 270px; height: 80px;" type="text"/>	Pre-school/crèche/youth groups/after school groups <input style="width: 270px; height: 80px;" type="text"/>
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Hospital: <input style="width: 270px; height: 80px;" type="text"/>	<input style="width: 270px; height: 80px;" type="text"/>
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Sample 'standard reporting form' continued.....

5 Are parents/legal guardians aware of this referral to the social work depart. Yes/no   
If yes, what is their attitude?

6 Details of person reporting concerns (please see guidance notes below)

Name:  Occupation:

Address

Telephone:

Nature and extent of contact with child/family:

7 Details of person completing form:

Name:  Date:

Occupation:  Signed:

**Guidance notes:**

Health Service Executives have a statutory responsibility under the Child Care Act, 1991, to promote the welfare and protection of children in their area. Health Service Executives at local level therefore have an obligation to receive information about any child who is not receiving adequate care and/or protection

The reporting form is for use by:

- Health Service Executive personnel
- Professionals and individuals in the provision of child care services in the community who have service contracts with the health services executives
- Designated persons in a voluntary or community agency
- Any professional, individual or group involved in services to children who become aware of a child protection or welfare concern, or to whom a child protection or welfare concern is reported.

Please fill in as much information and detail as is known to you, (health executive personnel should do this in consultation with their line manager). This will assist the Social Work Department in assessing the level of risk to the child, or support services required. If the information requested is not known to you, please indicate by putting a line through the question. It is likely that a social worker will contact you to discuss your report. Health Service Executives aim to work in partnership with parents. If you are making this report in confidence you should note that the Health Service Executive cannot guarantee absolute confidentiality as (a) a court could order that information be disclosed or (b) under the freedom of information act the commissioner may order that information be disclosed. You should also note that in making a 'bona fide report' you are protected under the Protection for Persons Reporting Child Abuse Act, 1998

This form should be sent to your local duty social worker in the local Health Service Executive.

## APPENDIX 6: REFERENCES AND SOURCE MATERIAL

### References and Source Material

- Children First: National Guidelines for the Protection and Welfare of Children, Department of Health & Children & Stationery Office, Dublin 1999
- Co-operating to Safeguard Children, Department of Health, Social Services and Public Safety, 2003
- UN Convention on the Rights of the Child 1989
- The Child Care Act, 1991
- The Children's Act, 2001
- Co-Operating to Protect Children, Vol. 6 Guidelines & Regulations Children (NI) Order 1995, HMSO
- The Children (Northern Ireland) Order 1995, HMSO
- Our Duty to Care (DHSS) 2000, Child Care NI
- Our Duty to Care (DOHC) ROI, 2002
- Protection of Children and Vulnerable Adults (NI) Order 2003
- Area Child Protection Committees Regional Policy and Procedures DHSSPS 2005
- Getting it Right: Developing your Child Protection Policies Procedures, Volunteer Development Agency, Northern Ireland: 2005
- Child Protection for the Youth Work Sector, Department of Education & Science, 2003
- Child Protection: Guidelines and Procedures, Department of Education & Science, 2001 (Primary Sector)
- Child Protection Guidelines for Post-Primary Schools, Department of Education & Science, 2004
- SafeSport Away - NSPCC & the Amateur Swimming Association
- Sportscheck - Child Protection in Sport Unit 2002
- [www.irishsportsCouncil.ie](http://www.irishsportsCouncil.ie)



## APPENDIX 7: USEFUL CONTACTS

### Useful Contacts

#### Eastern Region Health Services Executive East Coast Area

Area 1, Dun Laoghaire, 01 2808403  
Area 2, Clonskeagh, 01 2680320/0333  
Area 10, Wicklow, 0404 60800  
Bray, 01 2744100

Ask for Duty Social Worker

#### Eastern Region Health Services Executive South Western Area

Dublin South City District, D2, 01 6486555  
Dublin South West District, D24, 01 4520666  
Dublin West District,  
Dublin 10, 01 6206387  
Kildare/West Wicklow District  
Naas, 045 882400  
Athy, 059 8633535  
Celbridge, 01 6303155

Ask for Duty Social Worker

#### Health Services Executive - Mid-Western Community Care Area

Limerick East - 061 483711  
Limerick West - 061 483996  
Clare - 065 6863907/08  
North Tipperary, Nenagh - 067 41934  
North Tipperary, Thurles - 0504 23211

Ask for Duty Social Worker

#### Health Service Executive - Western Community Care Area

Galway - 091 546325/546366  
Mayo - 094 9042283 / 9042284  
Roscommon - 090 6637528/29

Ask for Duty Social Worker

#### Health Services Executive - North-Eastern Community Care Area

Cavan - 049 4377305 / 06  
Monaghan, 047 30426 / 30427  
Louth - Drogheda, 041 9833163  
Louth - Dundalk, 042 9392220  
Meath - Navan, 046 9078830

Ask for Duty Social Worker

#### Eastern Region Health Services Executive Northern Area

Area 6, Dublin 11, 01 8567704  
Area 7 North, Dublin 1, 01 8014620  
Area 8, Dublin 5, 01 8164200

Ask for Duty Social Worker

#### Health Services Executive - Southern Area Community Care Area

South Lee, Cork - 021 4923001  
North Lee, Cork - 021 4927055  
North Cork, Mallow - 022 30200  
West Cork, Skibbereen - 028 40580  
Kerry, Tralee - 066 7184887

Ask for Duty Social Worker

#### Health Services Executive - South-Eastern Community Care Area

Carlow - 059 9136588/7  
Kilkenny - 056 7784782  
Waterford - 051 842827  
Wexford - 053 23522 Ex 222  
South Tipperary - 052 77306 / 02

Ask for Duty Social Worker

#### Health Services Executive - North-Western Community Care Area

Sligo/Leitrim - 071 9155133  
Donegal - 074 9123739

Ask for Duty Social Worker

#### Health Service Executive - Midland Area Community Care Area

Longford/Westmeath:  
Athlone - 0906483106  
Longford - 043 50584  
Laois/Offaly:  
Offaly - 0506 22488  
Laois - 0502 92567/8

Ask for Duty Social Worker

# APPENDIX 8: APPLICATION FORM FOR NEW JUNIOR MEMBERS

## Sample Application Form for new Junior Members

### CONTACT INFORMATION

Name:  Male / Female:

Address:

Telephone - Home:

Telephone - Mobile (in case of emergency):

E-MAIL:

Date of Birth:

### MEDICAL HISTORY INFORMATION (details of any known allergies, conditions, medications)

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

### OTHER INFORMATION

Any other special needs, requirements or directions that would be helpful for leaders to know about:

### PARENTAL/GUARDIAN CONSENT

I am the Parent/Guardian of

#### Photographs

I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport.

#### Drug Testing (for elite players only)

I give permission for my child(ren) to be tested for prohibited substances in accordance with the Sports Council Anti Doping Rules (where applicable)

I hereby consent to the above child(ren) participating in activities of the organisation in line with the Code of Ethics for Young People. I will inform the leaders of my children's activities of any changes to the information above.

I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in and travel to all activities.

SIGNATURE

SIGNED NAME

# APPENDIX 9: INFORMATION FORM FOR EXISTING ORIENTEERING LEADERS

## Existing Leaders Information Form

Leaders should familiarise themselves with the Governing Bodies Code, in particular the Code of conduct. Leaders should read below and agree to abide by these terms. Leaders should update the self-declaration questions annually.

*As a leader in Orienteering I agree that I should*

- Be positive during sessions and competitions, praise and encourage effort as well as results
- Put welfare of young person first, strike a balance between this and winning / results
- Encourage fair play and treat participants equally
- Recognise developmental needs, ensuring activities are appropriate for the individual
- Plan and prepare appropriately
- Have experience relevant to working with young people or hold up-to-date qualifications and be committed to the guidelines in this Code
- Involve parents where possible and inform parents when problems arise
- Keep record of attendance at training and competitions
- Keep a brief record of injury(s) and action taken
- Keep a brief record of problem/action/outcomes, if behavioural problems arise
- Report any concerns in accordance with this Code's reporting procedures

*Where possible I will avoid:*

- Spending excessive amounts of time with children away from others
- Taking sessions alone
- Taking children on journeys alone in the car

*Sports Leaders should not:*

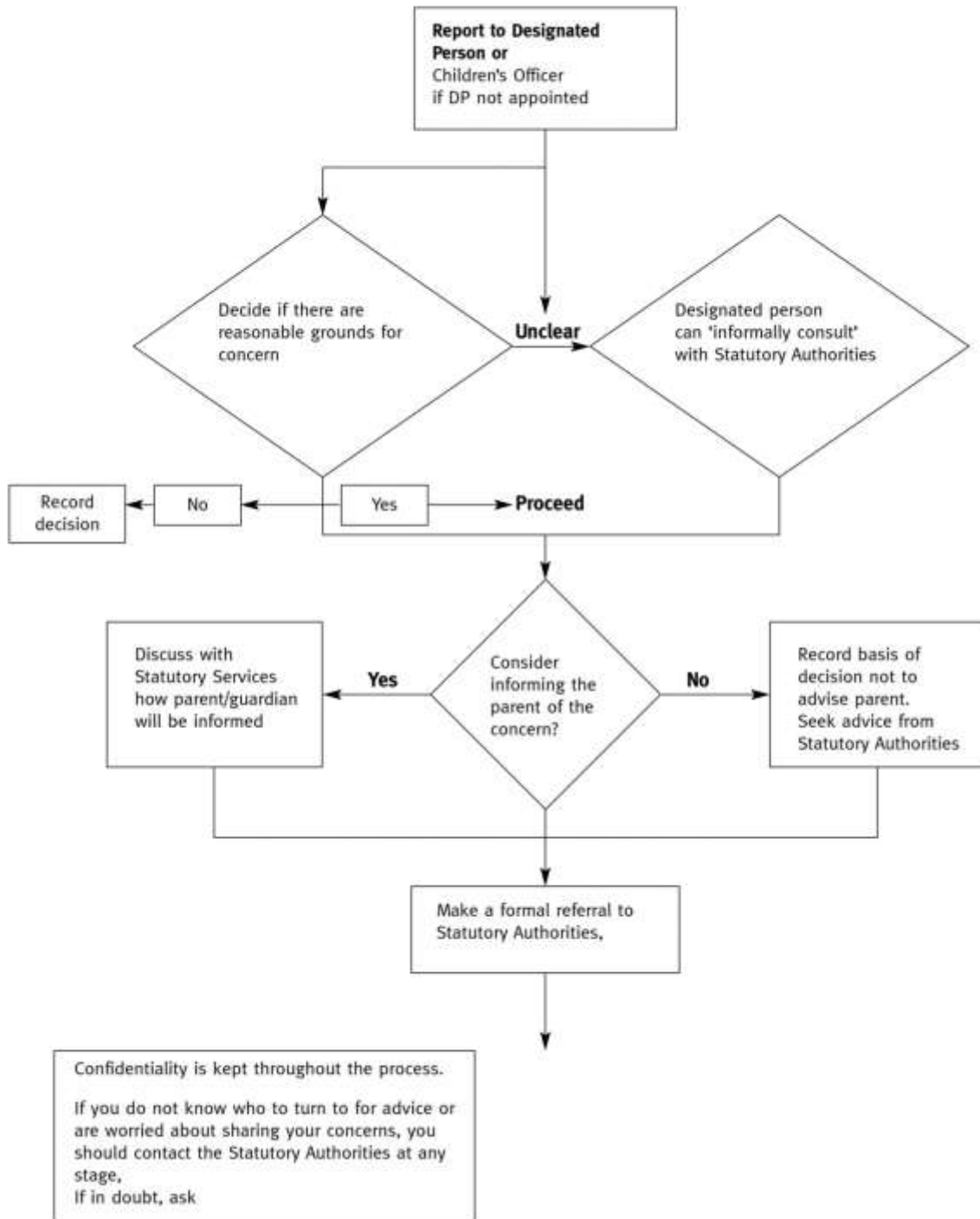
- Use any form of punishment or physical force on a child
- Take children to their home
- Exert undue influence over a participant in order to obtain personal benefit or reward
- Engage in rough physical games, sexually provocative games or allow or engage in inappropriate touching of any kind, and /or make sexually suggestive comments about, or to a child. This includes innuendo, flirting or inappropriate gestures and terms
- Take measurements or engage in certain types of fitness testing without the presence of another adult
- Undertake any form of therapy (hypnosis etc.) in the training of children

### Self-Declaration

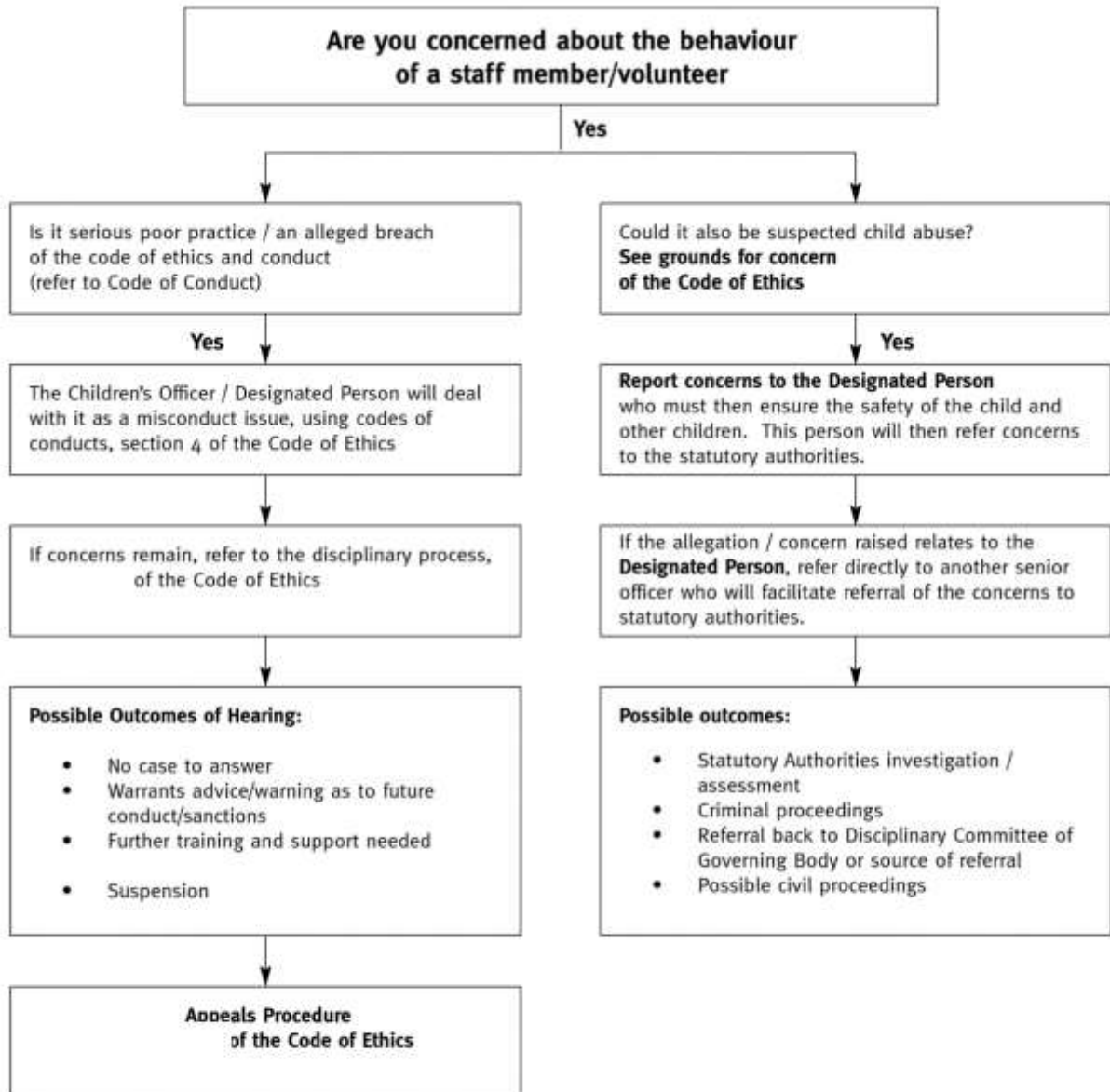
Do you agree to abide by the guidelines contained in the IOA Code of Ethics document	Yes	No
Do you agree to abide by the rules of the governing body / club?	Yes	No
Have you ever been asked to leave a sporting organisation? (If you have answered yes, we will contact you in confidence)	Yes	No
Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order; or are you at present the subject of criminal investigations? (If you have answered yes, we will contact you in confidence)	Yes	No

# APPENDIX 10: SUSPECTED ABUSE FLOWCHART - OUTSIDE THE ORGANISATION

When there is suspected abuse external to the organisation



# APPENDIX 11: SUSPECTED ABUSE FLOWCHART - INTERNAL TO THE ORGANISATION



If you do not know who to turn to for advice or are worried about sharing your concerns, you should contact the Statutory Authorities,

At any stage during the process in the left hand column the issue can be referred externally either formally or informally for advice. Following the external (right column) outcome the matter may be referred back to the organisation's Disciplinary Committee

# APPENDIX 12: JUNIOR SQUAD ACTIVITIES FORM

## IRISH ORIENTEERING ASSOCIATION

### CONSENT FORM

FOR JUNIOR ORIENTEERING ACTIVITIES DURING ONE CALENDAR YEAR

#### 1. Junior's Details

Name (block capitals): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nos: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SI card No.: \_\_\_\_\_

#### 2. Medical

Please specify **any** medical disabilities, medication, allergies, dietary needs, or other relevant information. (examples: must carry inhaler at all times, takes tablets daily, wears contact lenses, paracetamol allergy). This information will be treated as strictly confidential, and divulged only if deemed necessary.

Allergies: \_\_\_\_\_

Diet: \_\_\_\_\_

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

GP's name & address: \_\_\_\_\_

Emergency contact name & phone no: \_\_\_\_\_

#### 3. Parent Consent

*I confirm that I give my consent for my son/daughter to attend Irish Junior Orienteering Squad activities/events to be held during the year: \_\_\_\_\_*

*In the event of my son/daughter being taken ill or injured during the period of the Activity/Event so that a surgical operation or serum injection becomes necessary, I hereby authorise the leader in charge to sign on my behalf any written forms of consent required, provided that the delay necessitated to obtain my signature might endanger my son's/daughter's health or safety.*

*Photographs taken during squad activities may appear on a website or in an orienteering publication I give/do not give\*consent to my child's photograph appearing in this way.*

*Note: It is IOA policy that photographs of juniors do not include names or other identifying material.*

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 4. Junior Undertaking

*For the group's and my own safety, I undertake to obey the rules and instructions of members of leaders & coaches.*

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

The completed form must be given to the Organiser before participating in activities in 2009. Failure to do so may make it impossible to take part in an activity.